

School of Hotel, Restaurant and Tourism Management
Facility Use Request Form

HOSPITALITY TECHNOLOGY LAB

Gerald Thomas Hall, Room 142

Requested Date of Event _____

Requested Time of Event _____ am/pm to _____ am/pm

Group/Department (Sponsor): _____

Contact Person: _____

Address: _____

Phone: _____ Email: _____

University Affiliated: ___ Yes ___ No

If no, a \$25 per hour room rental fee will apply.

Describe the nature or purpose of the event:

PLEASE NOTE: No food or beverage is allowed in the HRTM Lab. We appreciate your cooperation.

Sponsor agrees to: furniture returned to original position, clean up as necessary, responsibility for any and all repairs or replacements to GT 142 as a direct result of the event. If the room is not cleaned satisfactorily, a \$50 fee will be charged.

Signature of Sponsor: _____

Print Name: _____ Date: _____

Jean Hertzman, Director	Approved _____	Disapproved _____	Date _____
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